Case Studies

Virtual Care: A Tool for Addressing Barriers to Accessing Behavioral Health Care Services

Introduction

United States of Care (USofCare) partnered with Third Horizon Strategies (THS) to **develop five case studies highlighting trends, successes, challenges, and policy implications for using virtual care to provide behavioral health services to address mental health and substance use disorders.** These case studies complement the research brief that USofCare and THS developed. The case studies reflect a variety of provider types from different regions of the country, including rural and urban, and a mix of specialty behavioral health and integrated care providers.

Common Themes that Emerged from Case Study Interviews:

★ **ONE SIZE DOES NOT FIT ALL:** Virtual care is not a panacea for addressing the myriad of barriers to behavioral health. Providers agree that they should offer hybrid care models or a continuum of services that recognizes virtual care as one tool in the toolbox.

★ **THE DIGITAL DIVIDE REMAINS A BARRIER TO CARE:** The COVID-19 pandemic led to an unprecedented level of behavioral health provider engagement in virtual care. Although virtual care mitigated some barriers to care such as transportation, childcare, and stigma, the "digital divide" remains a persistent challenge. To support virtual care access, public policy needs to address inadequate access to broadband, smart devices, and data plans.

★ **BEHAVIORAL HEALTH WORKFORCE SHORTAGES PERSIST:** The U.S. faces significant shortages within the behavioral health workforce. It is a crisis that has escalated during the pandemic as demand and stressors increase. Virtual care has complicated staffing for behavioral health organizations, especially for those offering a hybrid model. There is also a significant lack of persons of color entering the behavioral health workforce.

★ **MORE RESEARCH IS NEEDED ON QUALITY OF CARE:** More research and better data are needed to evaluate the impact of virtual care on the quality of care. The effects should especially be noted on the quality of care for specific populations, including breaking down the data by diagnosis, race and ethnicity, payer source, and other key demographics.

★ **CARE NEEDS TO BE BETTER INTEGRATED:** Providers would like to see patient-centered care models tailored to their clients' needs and preferences. There is also a need for interoperability, particularly the exchange and assimilation of clinical data between disparate systems, such as electronic health records and online scheduling systems.

★ **POLICIES SHOULD REMAIN FLEXIBLE:** It is important to make permanent many of the regulatory flexibilities implemented in response to COVID-19. Suggested federal or state policy changes include the following:

- Eliminate originating site provisions
- Ensure payment parity between in-person and virtual care
- Eliminate requirements under Ryan Haight Act for in-person assessment
- Conduct more research comparing the effectiveness of virtual behavioral health versus traditional office-based care
- Establish state requirements that ensure providers offering virtual care services have connections to the local continuum of care

Successes and Opportunities from Five Case Studies

1. Solvista Health's Enrollment Microsite Allowed Clients to Get Care From Home

Solvista Health is a rural community mental health center in central Colorado. The region is predominately non-Hispanic White, apart from Lake County, which is nearly 36 percent Hispanic with 18 percent of individuals speaking a language other than English. Solvista serves approximately 5,000 clients annually, with a significant majority (67 percent) on Medicaid.

One of Solvista's most notable innovations was **SolvistaConnect**, an online microsite for potential clients to seek treatment and start the enrollment process from home.

On the policy front, Solvista would like to see more flexibility at the federal and state levels to reduce the administrative burden on behavioral health providers and allow clinicians to focus on client care rather than extensive paperwork.

2. Eleanor Health's Virtual Pivot Revealed Importance of Whole-Person Care

Eleanor Health is a specialty care substance use disorder (SUD) treatment provider operating in multiple states (Louisiana, Massachusetts, North Carolina, New Jersey, Ohio, and Washington) providing "whole-person, comprehensive, evidence-based addictions care." Before the pandemic, 90 percent of client care at Eleanor Health was provided in their clinics. Within two weeks, the agency shifted to 90 percent virtual care.

While virtual care has proven a useful tool, Eleanor Health expressed the need to examine the impacts on addictions treatment outcomes more closely. They described important aspects of recovery, such as relationship building, interactive social activities and food, and other offerings that come along with in-person groups that cannot easily be replicated in a virtual setting. They also faced numerous logistical challenges, such as how to collect a urine sample for testing in a timely manner. Eleanor Health experienced a higher no-show rate for virtual care appointments, and their data seems to indicate there may be health equity issues in play.

On the policy front, Eleanor Health would like to see the following made permanent: waiving of cost-sharing requirements (co-pays can be a barrier to therapy); eliminating the Ryan Haight Act, and elimination of the X-waiver so more providers can prescribe medication-assisted treatment to address opioid use disorders.

3. Centerstone of Indiana Finds Value, Challenges in Virtual Flexibility

Centerstone of Indiana is a behavioral health provider organization that also offers integrated health homes and certified community behavioral health care clinics. Services are available in Florida, Kentucky, Indiana, Illinois, and Tennessee through the operation of outpatient clinics, residential programs, the use of virtual care, and an inpatient hospital.

During the pandemic, Centerstone found that virtual care works very well for clients with certain conditions, such as anxiety or phobias which may make them not want to leave the house. Adolescents also responded well to virtual care. Centerstone was able to engage family members who might join for a portion of a session and then could easily leave the room after they were no longer needed. Centerstone also reported that virtual care provided them the flexibility to offer new services in communities where there may not have been a large enough cohort of people to offer the service previously.

On the policy front, Centerstone is concerned that states and payers may be assuming that virtual care is more efficient and therefore they can reduce rates. This has not been their experience, as most of their costs are staffing which is the same in person or virtual.

4. Chicago Family Health Center Providers, Patients Respond Positively to Virtual Care

Chicago Family Health Center (CFHC) is a federally qualified health center (FQHC) that provides integrated behavioral health services. They predominantly serve patients who are low-income, indigent or enrolled in Medicaid. The vast majority (90 percent) of their clients are people of color. At the start of the pandemic, clinicians reported having a big learning curve to deliver virtual care services and some aspects of routine care fell by the wayside, such as standardized screening.

As many CFHC clients have comorbid conditions and are at increased risk from COVID-19, the agency has continued to provide 90 percent of its behavioral health services and 60 percent of its psychiatric nurse practitioner (prescriber) services via virtual care. CFHC has experienced a dramatic increase in the need for behavioral health services because of the pandemic and is seeing increased rates and severity of depression, anxiety, substance use, and intimate partner violence among clients. Clients and clinicians alike have responded positively to using virtual care. For some patients, such as the elderly, those with limited access to WiFi, or clients with disabilities and/or multiple complex conditions, telephone services have been preferred over video.

The most pressing policy issue for CFHC is to ensure they can get paid to deliver virtual care services. CFHC also stressed the need to continue to increase health equity and address social determinants of health.

5. HealthPoint Develops Integrated Care Check-in Application, Pediatric Concerns Remain

HealthPoint is an FQHC in the Seattle/Tacoma area that offers integrated behavioral health. It targets services to people with low income, poor health, limited resources, and barriers to accessing health care.

Virtual care has presented some challenges to HealthPoint's care model. It has proven more difficult to obtain health screenings, such as the PHQ-9 or SBIRT, as they were previously done on paper during check-in at the clinics. To help streamline services, HealthPoint developed an integrated care application that checks patients in and automatically links to interpretation services, which have been critical to ensuring persons with a primary language other than English can receive care. HealthPoint is also concerned about the quality of pediatric behavioral health care when delivered via virtual care, as clinicians cannot easily observe body language or other non-verbal cues from children. Virtual care may not be ideal for adolescents if they lack privacy in the home.

On the policy front, HealthPoint would like to see reciprocity, at least with neighboring states if not nationwide. Also, payment parity for virtual care is critical to the sustainability of services.

Conclusion

The pandemic led to an unprecedented level of behavioral health provider and consumer engagement in virtual care. Regulatory changes helped to support these adaptations, particularly as CMS and state Medicaid agencies took unusual steps to enable new flexibilities for virtual care. However, much work remains as providers and regulators continue to adapt.

Our research found that while providers leveraged this environment to accelerate the adoption of virtual care solutions as a means of maintaining patient access to care, they are now shifting their strategic priorities. Today, providers are working to find innovative and effective solutions to address appropriate utilization of virtual care, service redesign to support hybrid models, and quality of care.

In the longer term, policy changes will be critical to sustaining virtual care services for mental health in a thoughtful way. Barriers to behavioral health that are not addressed by virtual care – such as poor reimbursement rates and workforce shortages – must also be addressed through deliberate and strategic policy initiatives.

In this new era of virtual and hybrid care, there are tremendous opportunities to improve access to mental health and substance use disorder treatments. Policymakers, providers, and patients should continue to collaborate to find solutions that remove barriers and increase access to high-quality care.

ABOUT UNITED STATES OF CARE:

United States of Care is a nonpartisan organization committed to ensuring that everyone has access to quality, affordable health care.

ABOUT THIRD HORIZON STRATEGIES:

Third Horizon Strategies (THS) is a boutique, strategic health care advisory firm focused on shaping a future system that actualizes a sustainable culture of health nationwide. The firm offers a 360° view of complex challenges across three horizons – past, present, and future – to help industry leaders and policymakers interpret signals and trends; design integrated systems; and enact changes so that all communities, families, and individuals can thrive.